

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LB5000037262**

1. Limited Liability Company's Name

B A T Enterprises, LLC

2. Principal Office Address - No P.O. Box #

2320 Hollywood Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

Hollywood, FL

City & State

Zip

33020

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

Akiva Buchberg

Street Address (P.O. Box Number is Not Acceptable)

2320 Hollywood Blvd

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

4/1/05

6. FEI Number

20-2612729

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Signature]

Date

6/4/08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Akiva Buchberg	2320 Hollywood Blvd	Hlwd FL 33020

REINSTATEMENT

6/4/08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

[Signature]

Date

6/4/08

Daytime Phone #

954 921 4600

Typed or printed name of signing Managing Member/Manager